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ABSTRACT

A recent survey solicited information from the health education departments of 146 colleges and universities to obtain an estimation of the number of blacks pursuing graduate study in health education as well as the number of black health education professionals serving on the faculty on predominantly white campuses. A second focus of the study was to identify successful and perhaps assertive techniques utilized by health educators in recruiting black students and black professionals to white campuses. The findings revealed a severe shortage of black students seeking graduate degrees, and a low percentage of black health education professionals on college faculties. Recruitment efforts appeared to be insufficient. It is concluded that the task of enlarging the ranks of the health education professoriate with blacks will not be accomplished from the small pool of doctoral graduates currently being produced. Also, present efforts designed to identify and attract existing black academics to health education will not significantly alleviate the shortage. Ways in which to attract more graduate students to the field are discussed. (JD)

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BLACK STUDENTS AND PROFESSIONALS IN HEALTH EDUCATION

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BLACK STUDENTS AND PROFESSIONALS IN HEALTH EDUCATION*

Harvey (1986) has written that the plight of the black professional on predominantly white university campuses can be summarized in just two words, "small and nonexistent" (p. 96). While blacks constitute about 12% of the American population, the current estimate of black professionals among the university professoriate is in the neighborhood of three percent (Harvey, 1986; The Chronicle of Higher Education, December 18, 1985). And despite pressure to hire blacks and strenuous efforts to recruit them over the past dozen or so years, the percentage of blacks on university faculties has remained constant or fallen (Loury, 1987).

Furthermore, the percentage of blacks entering graduate school was less in the mid-seventies than during 1970, a drop from approximately 5.1% in 1970 to 4.2% in 1976, or a loss of 4,000 graduate students (Hill, 1983; Thomas, 1986). The demographics reveal that during the 1976-77 academic year, blacks received 6.7% (21,024) of the master's degrees in the United States, but by 1980-81 that percentage had dropped to 5.8 or 17,133 (Thomas, 1986). At the doctoral level the percentage of blacks graduating each year ranges between four to five percent. For example, during 1983-84 the percent of black doctoral recipients was 4.8 (Grant & Snyder, 1986), while the aggregate

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*This discussion represents a sequel to a larger paper entitled "The Black Physical Educator: An Endangered Academic Species," submitted for publication in the Journal of Physical Education, Recreation and Dance.

for 1983, 1984 and 1985 was 4.1% or a total of 3,098 (National Research Council, 1986).

Figures at the undergraduate level are just as dismally alarming. While a higher percentage of blacks are now graduating with baccalaureate degrees, the overall percentage of blacks enrolling in higher education has declined in recent years. The data reported by Hill (1983) suggests that the percentage of blacks graduating from institutions of higher education in 1976 was the same as for whites -- about 34%, but that figure had declined by 1983 to 27%. Demographers generally cite socio-economic variables such as declining federal assistance, rising costs, ineffective recruitment efforts and the relaxation of affirmative action rules as reasons for the diminishing numbers of black students.

These ominous figures suggest the need to be more vigilant than ever toward altering the posture of blacks in higher education. To this end a study was undertaken in order to collect data which would yield an estimation of the number of blacks pursuing graduate study in health education as well as the number of black health education professionals currently on predominantly white campuses. While the telling figures presented here are reflective of higher education in general, we had no reason, prior to this brief probe, to believe that blacks had been coming into health education in greater numbers. A second focus of this study was to identify successful and perhaps assertive techniques utilized by health educators in recruiting black students and black professionals to predominantly white campuses.

THE SURVEY

In early April 1987, a questionnaire was developed and mailed to the administrative head of the health education division/ department of 146 colleges and universities identified by AAHE (1987) as offering graduate degrees at either the master's or doctoral level. The survey was limited to those programs identified as offering graduate degrees for two reasons: first, the number was a manageable one and the geographic distribution of institutions clearly appeared to be representative of most colleges and universities; and second, our interest focused not only on the number of black faculty presently in place among health education faculties, but in determining the immediate potential for additional faculty as represented by students currently moving through the master's program and especially those actively engaged in doctoral study. Seventy-three (50%) completed questionnaires were returned over a three-week period. There was no follow-up to the initial mailing. Among the returns were 25 from the approximately 38 institutions identified by AAHE as offering doctoral degrees in health education.

Graduate Students

Approximately one-half of all respondents indicated that black students were enrolled in their master's curriculum. The total number currently pursuing the master's degree was estimated to be more than 160. Those institutions located in geographic centers containing large concentrations of the black population, especially in the east and southeastern portions of the U. S., reported larger numbers of students than those located in other regions. Most respondents indicated that the number of blacks

enrolled in master's-level study had remained constant over the past five years. No attempt was made to determine the percentage of these students who will later opt for doctoral-level study.

A greater concern with students is represented at the doctoral level because it is these graduates who are most likely to join health education faculties at four-year colleges and universities. As indicated previously, 25 of the 38 institutions offering doctor's degrees returned completed questionnaires. Ten of these 25 doctoral programs did not have any black students enrolled while 15 universities had 41 black doctoral students on board. The majority of these students were enrolled in doctoral programs located in large urban centers. They were expected to graduate as follows:

13 in 1987 (five women, eight men)

9 in 1988 (three women, six men)

6 in 1989 (three women, three men)

5 in 1990 (three women, two men)

Graduation dates and gender for eight students were not specified.

These numbers are quite similar to those reported for the larger study in physical education (Crase & Walker, 1987). In that investigation, representatives of 37 doctoral programs reported 39 black doctoral students enrolled either on a part-time or full-time basis. In each case, the small number of blacks enrolled in terminal degree programs, and perhaps an even smaller number who will graduate, are not expected to swell the ranks of the predominantly white professoriate in health education within the foreseeable future. Should the figures of

recent years hold up, we can expect to see a continuing small number of black Ph.D.'s become available to the job market in higher education. For example, for the years 1983, 1984 and 1985 only 15 (5.86%) of the 256 doctor's recipients in health education were black (National Research Council, 1986). When recruiters representing several hundred institutions of higher education search in earnest for the qualified black Ph.D., the stark reality is that the competition will be fierce and only recruiters with the most attractive packages (competitive salary, prestigious academic image, desirable geographic location, wholesome working environment) will be successful.

Faculty

Only 15 full-time, tenured blacks were on the health education faculties of the responding 73 institutions. Another 13 were on tenure-track for a total of 28 black faculty (9 women and 19 men). Another 14 black faculty were employed as lecturers or on a part-time basis (Table 1). Approximately two-thirds of the health education departments (54 of 73) did not employ a single black faculty while 14 employed one each, three employed two each, one employed three, and a single department claimed a total of four black faculty. Thirteen of the full-time faculty held graduate faculty status but only three were listed as full professors.

While these totals are dismally small, it appears that departments of health education may be employing a greater number of blacks than departments of physical education. In the national survey by Crase and Walker (1987), there were only 39 black faculty distributed among the reporting 139 graduate

departments of physical education contrasted with 28 black faculty among the 73 graduate departments of health education. If these figures were to hold up to a more rigorous accounting of black faculty within all departments of HPER in higher education, an interesting stratagem would be to determine reasons for the differential.

To further validate the notion that small numbers of blacks are coming into higher education in general and health education in particular is not necessary. The evidence is quite abundant which suggests that the numbers are considerably less than desirable. The two important questions which must be asked are: What special techniques, incentives and unusual inducements are being utilized to attract graduate students, especially doctoral students, and qualified black faculty to divisions/departments of health education? And what, if anything, can be done to increase the participation of blacks within the health education enterprise?

Recruitment Efforts

Based on respondents' statements, recruitment efforts designed to attract additional black graduate students range from doing nothing short of adhering to affirmative action guidelines to sponsoring minority fellowship programs. Many respondents seem to have put forth diligent efforts toward recruiting graduate students but have been less than successful in doing so. Health education units located in areas containing a small percentage of black minorities and away from large metropolitan centers have experienced less success than others while well

established doctoral universities appear to be more successful in attracting quality black minorities.

Some of the more serious attempts toward recruiting blacks for graduate study in health education include: mailing materials to minorities identified by the GRE Minority Locator Service; instituting attractive Afro-American Fellowship Programs; utilizing government grants for minorities in the health professions; providing some flexibility relative to entrance requirements; and utilizing a Minority Graduate Recruitment Office, usually sponsored and administered by the Graduate School. Typically, the MGR office makes direct contact with black community leaders, visits predominantly black colleges and universities and interacts directly with promising students, and coordinates all efforts designed to increase minority enrollment. Health education programs housed within universities which have developed a track record for recruiting blacks and other minorities may be expending less energy toward aggressive recruitment while continuing to enjoy more success than many others which have recruited very few if any students during recent years. We sense the feeling, conveyed by some health education representatives, that minority students perceive a "compatible climate" on some university campuses more so than on others. Consequently, representatives of these universities may do less active recruiting while still enjoying more success in recruiting blacks than others.

The recruitment of black faculty is yet another challenge. Based on the number of black health educators identified among the institutions participating in this study, the small number of

black doctoral recipients (15) during 1983, 1984 and 1985 (National Research Council, 1986), and the relatively small number of current black doctoral students in health education, it is obvious that competition for their services will be keen for some time. As with the recruitment of black graduate students, some health education departments have demonstrated successful recruitment mechanisms while others continue to search with limited success.

Representatives of health education departments contacted in this study were asked if special means or incentives were utilized in attempts to hire additional black faculty. Their responses failed to offer much hope and did not include any unique answers to the problem. Most are not engaging in any useful processes beyond following affirmative action guidelines such as advertising widely and accepting the most qualified individual for a particular vacancy. Several respondents failed to respond to the question indicating perhaps that nothing much is being done, or that they have tried and failed, or that they have become disenchanted with the recruitment process. Others indicated that they utilize special funds for moving purposes and for supplementing salaries of minorities. Some make contact with institutions historically having large populations of black students and by advertising extensively in publications likely to reach black faculty. Still others do what they can by word of mouth at professional meetings and conventions and through other professional contacts. Unfortunately, many hopeful recruiters of qualified blacks appear to be lacking in creative ideas, techniques and appropriate inducements and are finding that few, if any, are responding to their advertised positions.

DISCUSSION

What can be concluded from this discussion? For sure, the discipline of health education is not alone relative to the small minority representation. For example, for the years 1983, 1984 and 1985, the National Research Council (1986) reported an aggregate of 75,379 doctor's degree recipients. Of this total, only 3,098 (4.1%) were conferred on blacks. The following represent examples of the number and percent of doctorates conferred on blacks for selected disciplines for the three-year period: Health Education (15, 5.86%); Physical Education (22, 3.88%); Home Economics (12, 4.78%); Mathematics (14, 1.06%); Computer Science (9, 1.46%); Chemistry (62, 1.45%); Biological Sciences (149, 1.50%); Special Education (52, 5.91%); Music Education (22, 8.43%); and Nursing Education (4, 7.27%).

If health educators are to attempt to swell the ranks of the health education professoriate with blacks one conclusion seems to be in order: the task will not be accomplished from the small pool of doctoral graduates currently being produced nor will present efforts designed to identify and attract existing black academics to health education contribute significantly to the void. By the same token, this is not an excuse to relax efforts designed to bring additional black minorities into the health education arena. Health education administrators must forge ahead with renewed vigor and with purpose, with a plan designed to succeed. Vigilance will be the price for success. Harvey's (1986) observation is certainly on target: "The higher education community must take action to reverse this ominous trend, not only for moral or political reasons, but because it is in our own

practical self-interest, as well as that of the larger society, for us to do so" (p. 96). Can this feat be accomplished? Can health educators significantly increase their number of black undergraduate and graduate students which may subsequently lead to an enlarged pool of black doctorates? And, can health education compete with the health sciences, other academic areas, and governmental agencies for the highly qualified black professional?

Certainly, effective practices utilized in recruiting black minorities must continue. Those institutions possessing certain ingredients such as financial resources, desirable location, academic prestige, commitment to affirmative action principles, and effective recruitment techniques will continue to show progress over others. Recruiters representing other institutions will have to be extremely assertive and utilize attractive incentives in order to compete for the small number of black graduates and established black academics (see for example, Collison, 1987a; Collison, 1987b). Low salaries in many instances will continue to stifle efforts toward attracting and holding on to qualified personnel both black and white. Attempts must be ongoing to identify additional sources of funding so that competitive financial packages can be offered.

With the anticipated exit of many faculty from academe over the next 10 to 20 years largely due to retirements, recruiters will have to be more active than ever in search of qualified replacements. For example, demographers with the Department of Education's Center for Statistics predict that as many as one-third of the professoriate will have to be replaced over the next decade or so. With this surge of job openings, the issue of

minority hiring will become an especially important one (McMillen, 1987). To address this issue, department chairs may have to look at predominantly black institutions for help in addition to searching for scholars in positions outside academe.

Basic to any recruitment success, of course, must be the desire and commitment on the part of predominantly white health educators and administrators to recruit black faculty. Without this commitment and the energy and resources to carry it out, little will be accomplished. In addition, an academic environment conducive to effective working relationships and positive social interaction must be engendered. Blacks must sense community and purpose; they must be made an integral part of the academic enterprise and be effective partners in research and pedagogical endeavors.

In the short term we are dealing with the matter of demographics. In the long term, however, we, as part of the larger society, must do what Graham (1987) has suggested and support the efforts of elementary and secondary schools toward graduating more black students. With certain health issues, some of which are poverty-driven, running rampant among school-age children, i.e., drug abuse, teen pregnancy, malnutrition and high rates of suicide and homicide, health education may have the potential to impact these areas with effective instruction and positive programs. We then must bring more blacks into higher education and into health education using whatever incentives we can muster. This means adequate funding, proper mentoring, and when necessary, appropriate tutorial services. It means going into the elementary and secondary schools and talking directly

with blacks and sharing with them the advantages of pursuing higher education and health education; it means sharing with them the need to educate and promote black professional role models who in turn may be able to interact more effectively with black communities and black youngsters in schools relative to health behavior; it means selling health education as a vehicle for improving the quality of life for many who have suffered years from benign neglect, poverty, and mismanagement.

To place more blacks among the existing health education professoriate, more graduate students must be attracted to the field, nurtured toward a successful completion of the program and retained as academics. A significant decline of black graduates at the master's level has been noted. For example, during the 1976-77 academic year, blacks received 21,024 (6.7%) of the master's degrees in the U. S., but that figure dropped to 17,133 (5.8%) by 1980-81 (Thomas, 1986). On the questionnaire, respondents were requested to indicate either an increase, decrease, or no change in the number of blacks matriculating at the graduate level in health education. Very few indicated an increase while the majority suggested a decrease in students over the past five years. This trend must be addressed and turned around through aggressive recruitment, by offering attractive assistantships and fellowships either internally or externally funded, and through pedagogical efforts designed to produce results. And, within the auspices of the Association for the Advancement of Health Education (AAHE), certain incentives (i.e., designing fellowships for minorities, bringing more of them into leadership positions, and spotlighting additional black role models) might be taken to

increase black enrollment in higher education and involvement in AAHE affairs.

Part of the rationale for selling blacks on health education should be that of improving the quality of health among blacks. Many health anomalies are associated with poverty and affect the lower socio-economic population more so than others. Unfortunately, large numbers of blacks, compared with whites, are trapped in environments characterized by inadequate or inferior housing, high unemployment, low income, and social problems resulting in high rates of malnutrition, teenage pregnancies, sexually transmitted diseases, homicides and other types of crimes. Certain diseases such as high blood pressure and sickle-cell anemia affect blacks in higher percentages than whites. Overall, death rates are higher for blacks, especially black males, than for whites. In addition, certain beliefs, attitudes, and values of the poor, many of whom are black, run counter to constructive health behavior.

Finally, health is a major industry of the 1980's. Considerable attention is being focused on preventive health, wellness concepts, and improving the quality of life through sensible health behavior. It is a good time to talk health, to be in health education, and to be able to impact large numbers through pedagogical efforts and by producing and disseminating useful research. If health education is going to be an exciting arena -- we have no reason to think otherwise --, and if health educators are going to make a difference in the health behavior of individuals, then this is the time. It is a good time to attract blacks as well as other minorities to health education, and with the necessary commitment and resources, we feel it can be done.

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Table 1

Full-Time Tenured and Tenure-Track Black Faculty

by Academic Rank

	Academic Rank				Totals[a],[b]
Black Faculty	Instructor	Assistant	Associate	Professor	
Full-Time, Tenured	1	5	6	3	15
Tenure-Track	3	10	0	0	13
Totals	4	15	6	3	28

[a] Includes 9 (32.1%) female and 19 (67.9%) male faculty.

[b] 13 of the 28 black faculty (46%) held graduate faculty status.